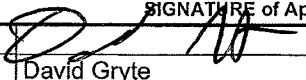


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POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/573,133		
	Filing Date	January 12, 2007		
	First Named Inventor	Peter Dorff		
	Title	LIGANDS		
	Art Unit	N/A		
	Examiner Name	Not Yet Assigned		
	Attorney Docket No.	15652-04303-US		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR				
<input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:				
23416				
OR				
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:				
Practitioner(s) Name		Registration Number	Practitioner(s) Name	Registration Number
Please recognize or change the correspondence address for the above-identified application to:				
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:				
OR				
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City		State		Zip
Country		Telephone		Email
I am the:				
<input type="checkbox"/> Applicant/Inventor.				
OR				
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____				
SIGNATURE of Applicant or Assignee of Record				
Signature			Date	February 16, 2011
Name	David Gryte		Telephone	302-885-6609
Title and Company	Authorized Representative, AstraZeneca			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input type="checkbox"/> *Total of 1 forms are submitted.				